



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

October 7, 2014

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Ploughshare Brewing Co, 1630 P Street, for a class L liquor license and the associated manager application for Matt Stinchfield.

Ploughshare Brewing Co currently holds a class C liquor license, of which Matt Stinchfield is the owner and approved manager. The request for the class L liquor license is in line with the company's business plan to move forward with its craft brewery operation.

A full background investigation was completed previously and is on file.

Matt Stinchfield has completed the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

A handwritten signature in black ink, appearing to read 'Jim Peschong'.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



Premise Information

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Trade Name (doing business as) PLOUGHSHARE BREWING CO.

Street Address #1 1630 P ST.

SEP 24 2014

Street Address #2 _____

City LINCOLN

County LANCASTER

NEBRASKA LIQUOR
CONTROL COMMISSION

City _____

County _____

Zip Code _____

Premise Telephone number 402-742-0420

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

MATT STINCHFIELD, MANAGING MEMBER

Name _____

Street Address #1 1630 P ST.

Street Address #2 _____

City LINCOLN

State NE

Zip Code 68508

City _____

State _____

Zip Code _____

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

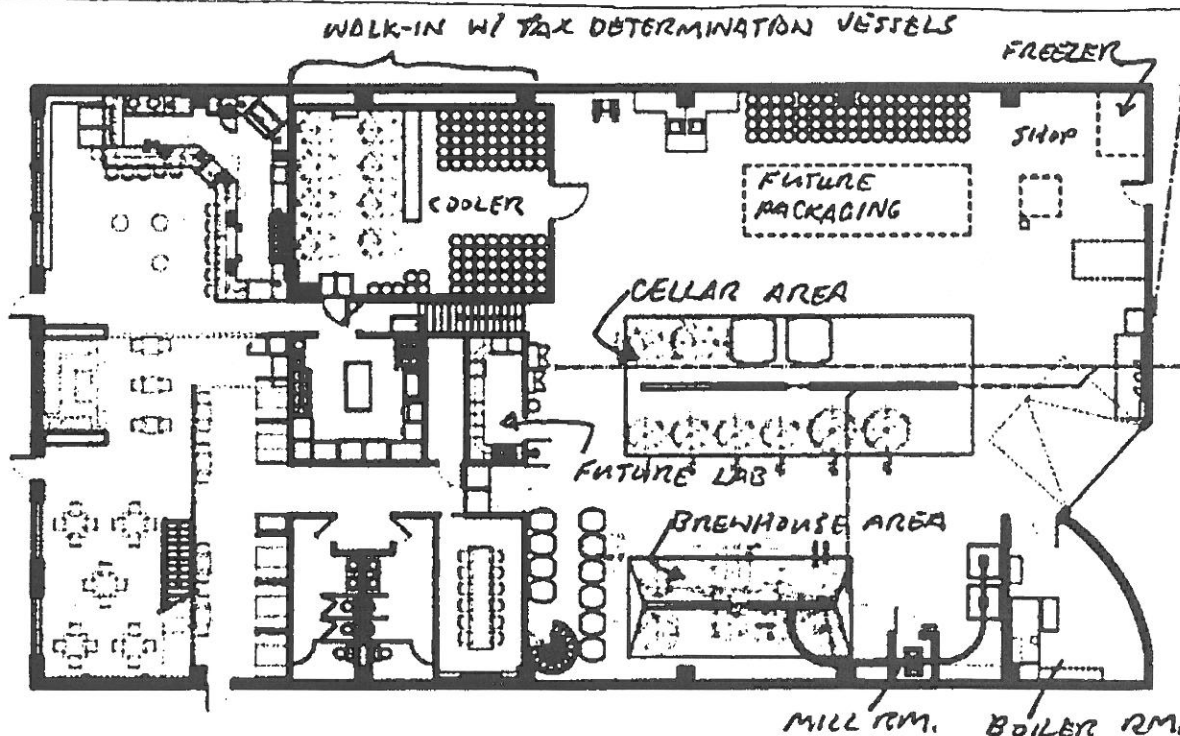
READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 140 feet
Width 75 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Please see attached no. 1				

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2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

SEP 24 2014

NEBRASKA LIQUOR
CONTROL COMMISSION

3. Was this premise licensed as a liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number _____

PLOUGHSHARE BREWING CO., CLASS C. No. 107219

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender _____

UNION BANK & TRUST, RUSSELL RIPA, COMM. LOAN OFFICER

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Attachment to No. 1, Convictions

Application for Manager of Class L Craft Brewery
Applicant: Ploughshare Brewing Co., LLC

Name of Applicant	Date of Conviction	Where Convicted	Description of Charge	Disposition & Explanation
Matthew Stinchfield	8/11/2000	Roanoke, VA	Improper stop. Code of Virginia, Traffic Infraction. Public intoxication. Code of Virginia § 18.2-388, Class IV Misdemeanor, Non-aggravated. Case No. 023GC0000793500	Guilty in absentia. Explanation: Applicant had driven for several hours, then stopped for a meal and some drinks near where he planned to camp. Camping was unavailable, and since he was tired and thought he might have had too much to drink to drive safely, he pulled off the road. Parking was not allowed where he pulled over. Officer charged public drunkenness based on field sobriety test.
"	10/4/1999	Tucson, AZ	DUI Class III Misdemeanor, Non-aggravated. Case No. M-1041-TR-97282378	Convicted. Sentence carried out. driver's licensed restored. Explanation: Friends took applicant out to celebrate on the day his divorce was finalized. He was stopped at a roadblock and smelled of alcohol. BAC=0.108.
"	10/17/1991	Tucson, AZ	Speeding. Arizona Administrative Code Infraction. Case No. J-0102-TR-910536	Fine Paid.
"	6/11/1984 3/14/1983	Northampton, MA	Unauthorized use of motor vehicle, insurance violation. Misdemeanor Docket nos. 9808, 275, JR8397A	Case closed. Court costs paid. Explanation: Not alcohol related. Applicant and an acquaintance borrowed a car belonging to acquaintance's stepfather. During the course of the evening, acquaintance met up with someone and asked applicant to drive the car home. Applicant was stopped by police who determined applicant was not the car's owner; applicant did not have permission from the stepfather to be driving his car.
"	3/11/1982	Worcester, MA	Possession of an alcoholic beverage (beer). Misdemeanor Docket no. 10202	Paid \$15 fine. Explanation: 2 months before applicant's 21 st birthday during college; he was with an of-age acquaintance who had purchased a six-pack of beer.

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

☒ YES ☐ NO

If yes, explain. (All involved persons must be disclosed on application)

→ INVESTORS MAY RECEIVE DIVIDENDS. PLEASE SEE FORM 3B FOR LIST OF MEMBERS.

No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? SEP 24 2014

☐ YES ☒ NO

If yes, list such item(s) and the owner.

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8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

UNION BANK & TRUST (70TH & PIONEERS); a) MATT STINCHFIELD, MANAGING MEMBER

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

MATT STINCHFIELD, PLOUGHSHARE BREWING CO., 1630 P ST., LIC. NO. 107219, CURRENT

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

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Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Please see attached no. 12	OK	

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13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

OCT. 2023

- ☒ Lease: expiration date _____
- ☐ Deed _____
- ☐ Purchase Agreement _____

14. When do you intend to open for business? Opened 7/18/14 w/ Class C; wish to sell house beer 10/17/14.
15. What will be the main nature of business? Craft Brewery with Taproom
16. What are the anticipated hours of operation? 4 pm - Midnight

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT CITY & STATE	YEAR		SPOUSE CITY & STATE	YEAR	
	FROM	TO		FROM	TO
LINCOLN, NE	2010	2014	N/A, NO SPOUSE		
BOULDER CITY, NV	2003	2010			

If necessary attach a separate sheet.

#12

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Attachment to No. 12, Alcohol Related Training or Experience

SEP 24 2011

Application for Class L Craft Brewery
 Applicant: Ploughshare Brewing Co., LLC

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Applicant	Date Trained	Name of Program, Provider, Where Trained
Matt Stinchfield, Managing Member	04/2012	Hospitality Risk Seminar, Responsible Hospitality Council, Lincoln, NE. Certificate attached.
"	04/2012	eTIPS 2.0 for Servers (focus on Nebraska state regulations), HCI Communications, Arlington, VA. Certificate attached.
"	05/2012	Level IV Food Protection Manager Permit (ServSafe), Southeast Community College course no. FSDT 3000 TCSB, Lincoln, NE. Course completion & Health Department permit attached.
"	08/2012	Responsible Beverage Server Permit, UNL online course, Lincoln, NE. Permit attached.
"	09/2012	Applicant has developed his own alcohol safety training course for Ploughshare Brewing Co. staff. All employees are required to have this in-house training prior to working, in addition to the Responsible Beverage Server Permit. Course outline available upon request.
"	08/2009	Certified Cicerone®. Possesses "detailed knowledge of retail beer storage and service issues, excellent knowledge of modern beers and styles with some familiarity for historical styles, competence in identifying flawed beers and recognizing appropriate and in-appropriate flavors in modern beer styles, good understanding of the beer ingredients and familiarity with the brewing process and its common variations plus the ability to recommend reasonable beer pairings for common foods." Certificate attached.
"	05/1997 - present	Brewery safety and loss control consultant. Applicant has assessed and advised brewpubs and microbreweries in more than 10 states on responsible service practices, use and upkeep of incident logs, and reduction of dram shop liability. Client references available on request.

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: STINCHFIELD First Name: MATTHEW MI: R.A.
Home Address (include PO Box if applicable): 3621 EVERETT ST.
City: LINCOLN County: LANCASTER Zip Code: 68506
Home Phone Number: 402-318-1689 Business Phone Number: 402-742-0420
Social Security Number: _____ Drivers License Number & State: _____
Date Of Birth: _____ Place Of Birth: GREENFIELD, MA
Email address: matt@ploughsharebrewing.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

N/A - NOT MARRIED

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS
APPLICANT SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
LINCOLN, NE	2010	2014	N/A - NO SPOUSE		
BOULDER CITY, NV	2003	2010			

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: KELLY HOFFSCHNEIDER, MATTSON RICKETTS LAW FIRM

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

PLOUGHSHARE BREWING CO., LLC

LLC Address: 1630 P ST.

City: LINCOLN State: NE Zip Code: 68508

LLC Phone Number: 402-438-6556 LLC Fax Number: 402-488-5484

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: STINCHFIELD First Name: MATT MI: _____

Home Address: 3621 EVERETT ST. City: LINCOLN

State: NE Zip Code: 68506 Home Phone Number: 402-318-1689


Signature of Managing/Contact Member

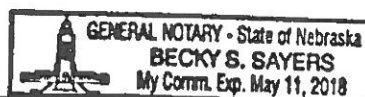
ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

by Matthew R.A. Stinchfield
name of person acknowledge

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: STINCHFIELD First Name: MATT MI: on file 3/14
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: N/A Date of Birth: N/A
Percentage of member ownership: 60.0
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Last Name: Please see attached Member Roster First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership: 40%

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership: _____

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership: _____